## DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. 402 Registrar's No. 4 DO NOT WRITE ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before - " COUNTY - - JACKSON VS 300 a. STATE MISSOURI b. COUNTY JACKSON AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits KANSAS CITY TÖWN TOWN Yes No 🗋 50 yrs KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm HOSPITAL OR **ADDRESS** Yes ☑ No 🖸 4245 Agnes INSTITUTION Yes | No | 4245 Agnes 618 3. NAME OF DECEASED Middle Last "Last 4. DATE Month Year OF (Type or print) July 30, 1964 HORD WASHINGTON GEORGE 9. AGE (last birthday) | IF UNDER T YEAR IF UNDER 24 HR 7. Married 🔥 Never Married 🗌 8. DATE OF BIRTH 6. COLOR OR RACE 5. SEX Months 81 yrs Divorced [ Widowed [ 9-30-1882 Negro Male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Tebbets, Missouri USA Chauffeur 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Hazel Hord Clara Ewing <u>George Hord</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [ (If yes, give war or dates of serv 4245 Agnes KCMO 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN DOCUMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO (b) Conditions, if any, which gave rise to THIS above cause (a), stating the under-13 DUE TO (c) lying cause last. **Z** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a AMENDMENTS □ Unknown 20b, DESCRIBE HOW INCURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO Month, Day, Year 20c, TIME OF Hou RIBBON INJURY a.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK I farm, factory, street, office bldg., etc.) NOT WHILE AT WORK **TYPEWRITER** READ \_and last saw him alive on\_ 21. 1 attended the deceased from... m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22b. ADDRESS 22c. DATE SIGNED (Degree or title) 22a, SIGNATURE 23a. BURIAL, CREMATION, 23b. DATE 23d NAME OF CEMETERY OR CREMATORY ġ AFFID/ REMOVAL (Specify) Blue Ridge Lawn Kansas City, Missouri . | 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. ĕ 24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Bentoh

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Sruce R. Watter
•	Licensed Embalmer No. 45-03
	P. O. Address /8 to Sento

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.